

CLINICAL PRIVILEGES – CLINICAL PHARMACIST

AUTHORITY: Title 10, U.S.C. Chapter 55, Sections 1094 and 1102.

PRINCIPAL PURPOSE: To define the scope and limits of practice for individual providers. Privileges are based on evaluation of the individual's credentials and performance.

ROUTINE USE: Information on this form may be released to government boards or agencies, or to professional societies or organizations, if needed to license or monitor professional standards of health care providers. It may also be released to civilian medical institutions or organizations where the provider is applying for staff privileges during or after separating from the Air Force.

DISCLOSURE IS VOLUNTARY: However, failure to provide information may result in the limitation or termination of clinical privileges.

INSTRUCTIONS

APPLICANT: In Part I, enter Code 1, 2, or 4 in each REQUESTED block for every privilege listed. This is to reflect current capability and should not consider any known facility limitations. Sign and date the form. Forward the form to your Clinical Supervisor. *(Make all entries in ink.)*

CLINICAL SUPERVISOR: In Part I, using the facility master privileges list, enter Code 1, 2, 3, or 4 in each VERIFIED block in answer to each requested privilege. In Part II, check appropriate block either to recommend approval, to recommend approval with modification, or to recommend disapproval. Sign and date the form. Forward the form to the Credentials Function. *(Make all entries in ink.)*

CODES:

1. Fully competent within defined scope of practice. *(Clinical oversight of some allied health providers is required as defined in AFI 44-119.)*
2. Supervision required. *(Unlicensed/uncertified or lacks current relevant clinical experience.)*
3. Not approved due to lack of facility support. *(Reference facility master privileges list.)*
4. Not requested/not approved due to lack of expertise or proficiency, or due to physical disability or limitation.

CHANGES: Any change to a verified/approved privileges list must be made in accordance with AFI 44-119.

NAME OF APPLICANT (Last, First, Middle Initial)

NAME OF MEDICAL FACILITY

I. LIST OF CLINICAL PRIVILEGES – CLINICAL PHARMACIST

Requested	Verified	
		A. AMBULATORY CARE PHARMACIST ELEMENTS
		1. Provide medication renewals for outpatient prescriptions following guidelines established by the medical treatment facility (MTF)
		2. Analyze and interpret data, formulate problem lists, and establish plans for resolving clinical problems
		3. Initiate or modify drug therapy or nutritional requirements, as necessary, according to approved protocols or guidelines
		4. Perform health maintenance for well patients, to include collecting and analyzing comprehensive health and drug histories, administering or supervising immunizations, or conducting smoking cessation programs
		5. Order appropriate laboratory tests necessary to monitor drug or nutrition therapy
		6. Perform limited physical assessments, as necessary and indicated within the scope of the clinic, for the appropriate treatment of the specific disease states being managed <i>(Examples of a limited physical assessment include taking vital signs, review of systems, external exams, and auscultation with a stethoscope)</i>
		7. Document patient counseling, patient encounters, or verbal orders in the outpatient medical record
		8. Treat problems within scope of competence and exercise judgment on problems requiring consultation, referral, or evaluation by a physician; may consult other clinics and providers, according to practice setting
		9. Other <i>(Specify)</i>
		a.
		b.
		c.
		B. INPATIENT PHARMACIST ELEMENTS
		1. Provide total parenteral, peripheral parenteral, or enteral nutrition to include writing orders, monitoring patient parameters, and terminating therapy
		2. Analyze and interpret data, formulate problem lists, and establish plans for resolving clinical problems
		3. Order appropriate laboratory tests necessary to monitor drug therapy
		4. Modify the routes of administration of a medication, when indicated
		5. Initiate orders or progress notes in the inpatient chart or medical record <i>(Document verbal orders received from another provider)</i>
		6. Administer medications when requested by the nursing or medical staff
		7. Write orders to start, modify, or stop patient-controlled analgesia
		8. Participate as a member of emergency response teams (e.g., Code Blue) to assist in selection, dosing, and administration of emergency medications <i>(Advanced Cardiac Life Support (ACLS) required)</i>
		C. OTHER <i>(Specify)</i>
		1.
		2.
		3.

SIGNATURE OF APPLICANT

DATE

II.

CLINICAL SUPERVISOR'S RECOMMENDATION

☐

RECOMMEND APPROVAL

☐RECOMMEND APPROVAL WITH MODIFICATION
(Specify below)☐RECOMMEND DISAPPROVAL
(Specify below)

SIGNATURE OF CLINICAL SUPERVISOR (Include typed, printed, or stamped signature block)

DATE